

# The Elms Medical Practice

## Inspection report

16 Derby Street  
Ormskirk  
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[www.theelmspractice.nhs.net](http://www.theelmspractice.nhs.net)

Date of inspection visit: 22 May 2023 and 30 May 2023  
Date of publication: 17/07/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

# Overall summary

We carried out an announced focused inspection at The Elms Medical Practice on 22 and 30 May 2023. Overall, the practice is rated as good.

Safe - good

Effective – good

Caring - good

Responsive - good

Well-led – requires improvement

Following our previous inspection on 12 and 14 September 2022, the practice was rated requires improvement overall. It was rated inadequate for the key question well led and requires improvement for the safe and effective key questions, with caring and responsive rated as good. At this inspection we found improvement in most areas, however the practice was rated requires improvement in the well led key question.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for The Elms Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up a breach of Regulation 12(1) Safe care and treatment and Regulation 17(1) Good governance from the previous inspection.

## How we carried out the inspection/review

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included;

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

## Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

# Overall summary

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- Quality assurance at the practice was ad-hoc and reactive. There were issues with governance processes and oversight of how well the practice was performing.

We found a breach of regulation. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We also found areas where the provider **should** take action:

- Continue to repeat regular audits to provide ongoing assurance of the competency of those staff employed in advanced clinical roles.
- Improve cervical screening uptake data.
- Continue to take action to improve compliance with best practice guidance on the management of patients prescribed high risk medications subject to safety alerts.
- Continue to take action to improve compliance with best practice guidance around the diagnosis and management of long-term conditions. Including the review of patients prescribed steroid medication for acute exacerbation of asthma.
- Improve the quality of documentation relating to medicines reviews to include context and actions completed.
- Continue to review and improve their infection prevention and control policy.
- Secure the clinical waste bin.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector and supported by another inspector. They spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to The Elms Medical Practice

The Elms Medical Practice is located in Ormskirk at:

16 Derby Street

Ormskirk

Lancashire

L39 2BY

The practice is situated within the West Lancashire area of the Lancashire and South Cumbria Integrated Care Board (ICB) and delivers services under a General Medical Services (GMS) contract to a patient population of approximately 4806. This is part of a contract held with NHS England.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is part of the Ormskirk Primary Care Network (PCN) (a wider network of GP practices in the local area).

Information published by Public Health England report deprivation within the practice population group as 9 on a scale of 1 to 10. Level 1 represents the highest levels of deprivation and level 10 the lowest.

According to the latest available data, the ethnic make-up of the practice area is 97.4% White, 1.3% Asian and 1% other/mixed.

The age distribution of the practice population is 16.2% of patients are aged under 20, 56.1% are aged 20-64 and 10.6% are aged over 65 years. There are more older and less younger and working age people registered at the practice compared to local and national averages.

The proportion of patients who are in paid work or full-time education is lower, 47.8% compared with the local average of 62.1% and the national average of 63.7%.

Unemployment figures are higher, 5.7% compared with the local average of 3.4% and the national average of 3.9%.

There is a team of 2 male GP partners, a nurse clinician, a locum advanced nurse practitioner, a practice nurse and a health care assistant. They are supported at the practice by a practice manager, a medicines manager and a reception manager to provide managerial oversight and a team of 3 receptionists and a secretary to support the practice.

The practice is open between 8.00am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Extended and increased access is provided through arrangements with neighbouring practices through the Ormskirk PCN of other local GP practices. Late evening appointments are available from 6.30pm to 8.00pm every Monday to Friday and weekend appointments are available every Saturday between 9.00am and 5.00pm.

Out of hours services are accessed by contacting NHS 111 and through an arrangement with other local practices.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The provider did not have a process in place which enabled it to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.
Maternity and midwifery services	There was no annual audit programme in place, audits that were undertaken were ad-hoc and reactive.
Surgical procedures	The practice approach to quality improvement was reactive rather than proactive. They responded to concerns and issues when highlighted however they did not have systems in place to actively check their own performance to enable them to understand the areas they could improve.
Treatment of disease, disorder or injury	The process for using PSDs (patient specific directions) had not been implemented appropriately.
	Some policies and procedures were out of date and had not been reviewed.
	Oversight of DNACPR records was not in place and there was no quality assurance process to enable issues to be recognised and addressed. DNACPRs were not reviewed appropriately. Documentation around mental capacity and best interests where a patient did not have capacity was not always evident.
	Recruitment processes did not follow practice guidance and Health and Social Care Act regulations.
	There was no evidence or action plan in place in response to an external IPC audit that identified some issues that needed to be addressed.

This section is primarily information for the provider

## Requirement notices

The practice had not recognised they required a system in place for the recording of controlled drugs to account for the receipt of, use of and destruction of the controlled drugs.

The practice did not document its policy around renewing or revisiting DBS checks for continuing staff. A staff member was overdue the 3 yearly review that the practice stated it undertook.

There were some housekeeping issues around a missed appraisal, a missed item on the environmental audit, no risk assessment of looped blinds, revisiting historical key recruitment and induction processes.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.